Was the Barrier of

16 MAY 2005 10/534963

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to respond to a collection of Information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1850, to persons any to	Application Number	
	Filing Date	
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	First Named Inventor	Osvaldo Valente
	Title	PROPULSION SYSTEM FOR SCUBA DIVER
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

			a bassa idan	itied applicat	ion		
hereby revoke all p	revious powers of attorney of	given in the	above-loen	Illed applica	JOII.		
hereby appoint:)			
Practitioners assoc	ciated with the Customer Number:		29,689	<u>/</u>			
OR				_			
Practitioner(s) nam	ned below:						
	Name	Name Reg			stration Number		
						/ On the Date and	
as my/our attorney(s) or	agent(s) to prosecute the application	on identified ab	ove, and to tra	insact all busine	iss in the Uni	ted States Patent and	
Trademark Office conne	COSO THE FEW ICH.						
	nge the correspondence address fo			auoirio.			
The address a	ssociated with the above-mentione	d Customer Nu	mber.		1	•	
OR .				•	1		
The address a	associated with Customer Number:						
Firm or Individual N	lame					•	
· Address							
			State		. 2	lip	
City						.	
Telephone			Fax				
Applicant/Inve	nntor. scord of the entire interest. See 37 der 37 CFR 3.73(b) is enclosed. (F	CFR 3,71. form PTO/SB/9	6)		,		
	SIGNATUR	E of Applicant	or Assignee	of Record		April 19, 2005	
Signature	Affile	7/e			Telephone	39 1 87 789 254	
Name	Osvaldo Valente				, alohioto		
Title and Company			-4 % oie engage on	rative/s) are provi	red. Submit mu	triple forms if more then one	
NOTE: Signatures of all t signature is required, see	the inventors of assignees of record of the below.	10 entire interest	or creat rehreser	marel of air rada			
"Total of	forms are submitted.			and to obtain or re-	nin a panela b	the public which is to life (e	

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by this collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes the USPTO. Time will vary depending upon the individual case. Any to complete, including gathering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Offices, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Chief. Complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Offices, U.S. Papert and Trademark Offices, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

H 0012507691843 50.9

DE COMENBIN DEL-SENGE

30-04-5002 12:44

00000 POT 16 MAY 2005

10/534963

PTO/SB/01 (09-04)
Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket **DECLARATION FOR UTILITY OR** Number DESIGN First Named Inventor Osvaldo Valente PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Declaration Fling Date Dectaration Submitted OR Submitted after Initial With Initial Filing (surcharge Art Unit Filing (37 CFR 1.16 (e)) required) **Examiner Name** I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROPULSION SYSTEM FOR SCUBA DIVER (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) 01/07/2004 as United States Application Number or PCT International Application Number PCT/IT2004/000001 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breader's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Foreign Filing Date **Priority** Certified Copy Attached? Number(5) Country (MM/DD/YYYY) Not Claimed YES PCT/IT2004/000001 01/07/2004 PI2003A000002 lιτ 01/09/2003 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is certificated to take 21 minutes to complete, incituding patheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you negate to complete this form and/or suggestors for reducing this burden, should be cert to the Chief Information Citice, U.S. Department of commence, P.O. Box 1450, Alexandrio, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients P.O. Box 1450, Alexandrio, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

B 0015201691842

PTO/SB/01 (09-04)
Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persone are required to respond to a collection of information unless it contains a veild OMB control number. DECLARATION - Utility or Design Patent Application Correspondenœ OR The address Direct all 29,689 address below associated with correspondence to: Customer Number: Name Address ZIP State City Fax Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may Jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name or Surname Given Name (first and middle [if any]) Valente Osvaldo Date Inventor's Signature 02/19/2005 Citizenship Country Residence: City Italy Italy Portovenere Le Grazie Mailing Address Via Carpena n°2 Country Zip State City Italy 1-19022 Portovenere Le Grazie A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name or Surname Given Name (first and middle [if any]) Date Inventor's Signature Citizenship Country State Residence: City Mailing Address Country Zip State City

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

[Page 2 of 2]

A 0012507691845 P.02

DB COMSOBIN OFF-Studi

50-04-5002 12:44

0187774228 -> Applied Patents Inc.; Page 2

Heceived: 4/20/05 6:42AM;